

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):          <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           TELEPHONE NO.:             E-MAIL ADDRESS (Optional):             ATTORNEY FOR (Name):         </div> <div style="width: 45%;">           FAX NO. (Optional):         </div> </div>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:	
PLAINTIFF:   DEFENDANT:	
<b>REQUEST FOR STATEMENT OF WITNESSES AND EVIDENCE— FOR LIMITED CIVIL CASES (UNDER \$25,000)</b>  Requesting Party (name):   Responding Party (name):	CASE NUMBER:

Under Code of Civil Procedure section 96, you are requested to serve on the undersigned, within 20 days, a statement of:

1. The names and street addresses of witnesses you intend to call at trial (except for any individual who is a party to this action).
2. A description of each document that you intend to offer at trial.  
Attach a copy of each document available to you.
3. A description of each photograph and other physical evidence you intend to offer at trial.

Witnesses and evidence that will be used only for impeachment need not be included.

**You Will Not Be Permitted To Call Any Witness Or Introduce Any Evidence Not Included In Your Statement in Response To This Request, Except As Otherwise Provided By Law.**

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF PARTY OR ATTORNEY)
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